

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
WASTE PROGRAMS DIVISION  
SOLID WASTE SECTION  
1110 WEST WASHINGTON STREET  
PHOENIX, AZ 85007  
(602) 771-4123**

**BATTERY COLLECTION or RECYCLING FACILITY AUTHORIZATION APPLICATION**

This authorization form must be completed by the owner/operator of a lead acid battery collection facility. The completed form must be submitted to the Arizona Department of Environmental Quality (ADEQ) at the above address.

A lead acid battery is defined as "a battery with a core of elemental lead and a capacity of six or more volts which is suitable for use in a vehicle or boat."

A collection/transfer facility is defined as a facility or site other than a battery retailer or wholesaler where lead acid batteries are accepted, collected and/or stored for future transportation to an authorized processing facility.

A recycling/reuse facility is defined as a facility or site other than a battery retailer or wholesaler where used lead acid batteries are reconditioned for resale.

A recycling/dismantling facility is defined as a facility or site other than a battery retailer or wholesaler where used lead acid batteries are dismantled.

(Please be advised that a separate application must be completed for each battery collection/recycling facility. Upon submittal, all applications must be typed.)

**FACILITY INFORMATION:**

- 1.) a. Facility Name:\_\_\_\_\_
- b. Facility Location:
- Street Address\_\_\_\_\_
- City\_\_\_\_\_ County\_\_\_\_\_ Zip Code\_\_\_\_\_
- (Enclose map with directions to site, if the facility does not have an address)
- c. Section\_\_\_\_\_ Town\_\_\_\_\_ Range\_\_\_\_\_
- d. County Assessor Tax Roll: Book\_\_\_\_\_ Map\_\_\_\_\_
- Parcel No. \_\_\_\_\_
- e. Zoning Classification\_\_\_\_\_
- f. Facility Telephone Number:\_\_\_\_\_

**OWNER/OPERATOR:**

2.) a. Name of Facility Owner:\_\_\_\_\_

b. Address of Facility Owner:\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

c. Telephone Number of Facility Owner\_\_\_\_\_

Attach the following documentation if the owner is:

- \* A corporation - "Articles of incorporation"
- \* A limited partnership - "Certificate of limited partnership"
- \* Doing business under another name - "Certificate of fictitious name"

d. Name of Facility Operator:\_\_\_\_\_

e. Address of Facility Operator:\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

f. Telephone Number of Operator:\_\_\_\_\_

**PROPERTY OWNER:**

3.) a. Name of Property (Land) Owner:\_\_\_\_\_

b. Street Address of Property (Land) Owner:\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

c. Telephone Number of Land Owner:\_\_\_\_\_

**PURPOSE OF FACILITY:**

4.) a. Collection/Transfer Facility\_\_\_\_\_

Recycling/Reuse Facility\_\_\_\_\_

Recycling/Dismantling Facility\_\_\_\_\_

**FACILITY OPERATION:**

5.) a. Do you recharge batteries? Yes\_\_\_\_\_ No\_\_\_\_\_

- b. Do you clean the battery posts? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Do you conduct any repairs? Yes\_\_\_\_\_ No\_\_\_\_\_
- d. Do you resell the batteries? Yes\_\_\_\_\_ No\_\_\_\_\_
- e. Do you recycle the batteries for lead content? Yes\_\_\_\_\_ No\_\_\_\_\_
- f. Do you drain any acid prior to transport? Yes\_\_\_\_\_ No\_\_\_\_\_
- 6.) a. Average number of batteries stored at this site\_\_\_\_\_
- b. Maximum number of batteries anticipated for storage at site\_\_\_\_\_
- c. What is the average time a battery remains at your facility?\_\_\_\_\_
- 7.) Are your batteries handled and stored in an upright position at all times?  
Yes\_\_\_\_\_ No\_\_\_\_\_ (If “no,” why not?)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 8.) Explain how leaking batteries are handled. Explain how spills are cleaned up and how the disposal of spill residues is handled.\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 9.) Are the cells completely capped at all times? Yes\_\_\_\_\_ No\_\_\_\_\_ (If “no,” explain why cells are not capped and the procedures for handling.)
- \_\_\_\_\_
- \_\_\_\_\_
- 10.) Are your batteries stored on a cement pad\_\_\_\_\_, pallet\_\_\_\_\_ or other type of structure\_\_\_\_\_  
(describe other types of structure below).
- \_\_\_\_\_
- \_\_\_\_\_

11.) a. Are batteries stored inside or outside of a building? \_\_\_\_\_ If outside, is the storage area protected from rain? Yes\_\_\_\_\_ No\_\_\_\_\_

b. Is the storage area fenced? Yes\_\_\_\_\_ No\_\_\_\_\_

12.) a. What types of safety equipment (i.e., eye wash) are at the facility?

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b. Explain accident procedures used at the facility.

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**TRANSPORTATION:**

13.) Do you transport the batteries yourself or hire a private trucking company?

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Name of private trucking company, if applicable \_\_\_\_\_

14.) Are the batteries loaded or contained to prevent damage in transit? Yes\_\_\_\_\_ No\_\_\_\_\_

Briefly explain how the batteries are contained.

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15.) Are other materials transported with the batteries? Yes\_\_\_\_\_ No\_\_\_\_\_

If "yes" : a) What are the materials shipped with the batteries? \_\_\_\_\_

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b) Are they loaded to prevent contact with the damage to the batteries?

Yes\_\_\_\_\_ No\_\_\_\_\_ Briefly explain how the materials are contained.

- \_\_\_\_\_
- \_\_\_\_\_
- c) Are the materials which are transported with the batteries owned by the shipper or by another person? \_\_\_\_\_

**Note:** Battery transporters shall comply with all regulations enforced by the Arizona Department of Transportation (ADOT). All inquiries regarding the transportation of batteries should be directed to:

Address: The Arizona Department of Transportation  
Division of Motor Vehicles, #530M  
P.O. Box 2100  
Phoenix, Arizona 85001  
Telephone Number: (602) 255-8133

### FINAL DESTINATION

- 16.) From your collection facility, where are the used batteries transported?  
(Please give name, address and telephone number)

\_\_\_\_\_ Permitted Secondary Lead Smelter

\_\_\_\_\_ Battery Manufacturer

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Agent of a Battery Wholesaler

\_\_\_\_\_ Another Authorized Collection Site

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_ Authorized Recycling Facility

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CERTIFICATION STATEMENT:**

ADEQ requires the owner, the managing partner, the corporate officer or the corporation's statutory agent to sign the following certification statement.

**I CERTIFY UNDER PENALTY OF LAW TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION ON MY BATTERY COLLECTION/RECYCLING FACILITY FORM IS TRUE AND ACCURATE, AND THAT THE BATTERIES ARE NOT TAKEN TO A LANDFILL, INCINERATOR OR ANY OTHER UNLAWFUL DISPOSAL DESTINATIONS.**

**I FURTHER CERTIFY THAT THE USED BATTERIES ARE PROPERLY HANDLED AND TRANSPORTED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO STATE LAWS, RULES AND REGULATIONS.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Within 45 days of receipt of this completed form, ADEQ will mail to you, either your authorization to operate a battery collection facility or a letter explaining why your authorization was denied.

**CHECKLIST**

\_\_\_\_\_ Ownership Papers Enclosed

JMB:jb

REVISED: August 14, 2002